

215037809
60459

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 111	Agency Case No. B5-085911	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/16/2015		TIME OF ACCIDENT 1142	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1143	09/17/2015	
B 89	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Hwy 2		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 4	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		58.50		X	S 17	
V1/M 02	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G02021486		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 2	DRIVER	Kathleen Farley		PHONE	402-304-4460	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/25/1949	
G 4	OWNER	KATHLEEN FARLEY		PHONE	402-304-4460	
H 2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB484022	
I 1	LICENSE PLATE	PM NO.	KKATHY	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/O 1	VEHICLE	2013	MAKE KIA	MODEL SLR	BODY STYLE Compact Utility	COLOR white
V2/O 2	VEHICLE ID NO. (VIN)	5XYKTD A29DG319095		INSURANCE COMPANY	Trumbull Ins Com	
		TOWED TO	TOWED BY	POLICY NO.	55 PHL864807-411946	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	H13408875		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	Yih C Liew		PHONE	402-617-1878	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	10/10/1989	
J 01	OWNER	Yih C Liew		PHONE	402-617-1878	
K 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q 4	LICENSE PLATE	PA NO.	SSV720	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q 4	VEHICLE	2008	MAKE Mitsubishi	MODEL LGT	BODY STYLE 4 door Sedan	COLOR blue
K 01	VEHICLE ID NO. (VIN)	JA3AU86U98U021062		INSURANCE COMPANY	Progressive	
		TOWED TO	TOWED BY	POLICY NO.	900426599	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS			5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

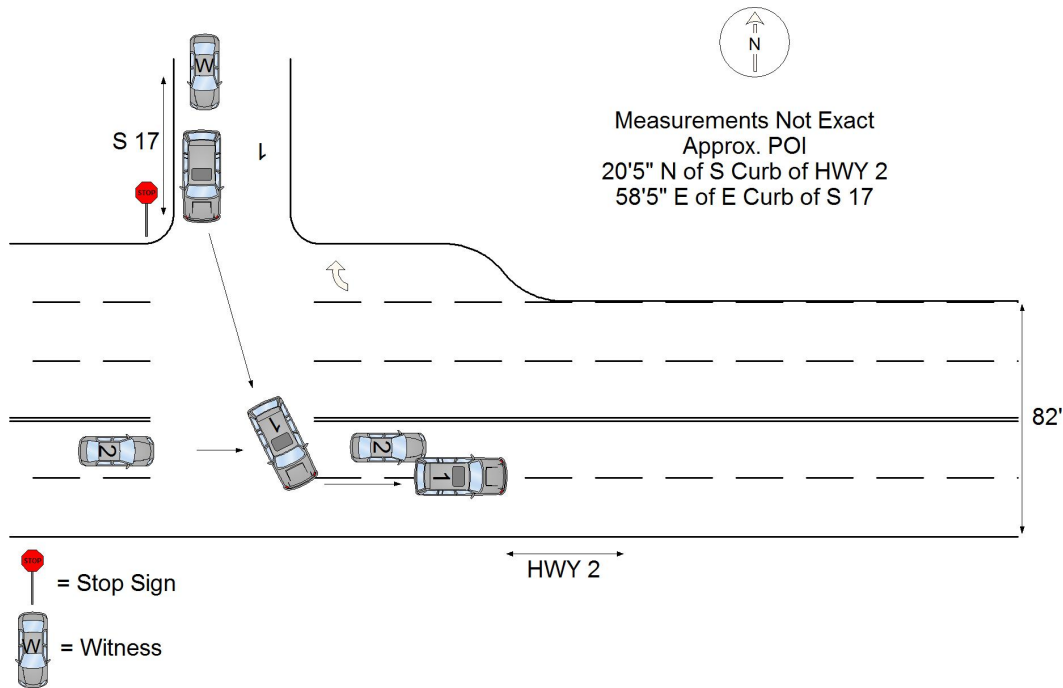
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-085911



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Veh 1 was stopped at a stop sign on the NW corner of S 17/HWY 2. Veh 1 attempted to make a EB turn onto HWY 2. Veh 1 driver stated that she did not see any cars coming and turned onto HWY 2. Veh 2 was traveling EB on HWY in the inside lane at approx. 40mph. Veh 2 driver stated that Veh 1 pulled out in front of her into both lanes and then swerved into her lane. A witness stated that he saw Veh 1 pull out in front of Veh 2 and then move over in front of Veh 1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$																																																																																																															
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INVESTIGATOR NAME (Print or Type) David Nelson			INVESTIGATOR SIGNATURE Approved by Officer David Nelson																																																																																																																	
DATE OF REPORT 09/17/2015			Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																	